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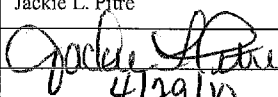
35690 7590 01/29/2010

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.
 P O BOX 398
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Jackie L. Pitre	(Depositor's name)
	(Signature)
4/29/10	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/970,161	10/02/2001	Stefan Wahlbin	5053-46912/EBM	9581

TITLE OF INVENTION: COMPUTERIZED METHOD AND SYSTEM FOR PROVIDING CLAIMS DATA TO AN ACCIDENT LIABILITY ASSESSMENT PROGRAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No	\$1,510.00	\$300.00	\$1,810.00	04/29/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
Gottschalk, Martin A.	3696	705-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.

2 Eric B. Meyertons

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Computer Sciences Corporation

(B) RESIDENCE (CITY & STATE OR COUNTRY):

El Segundo, California

Please check the appropriate assignee category indicated below (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 1

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1505/5053-46912/EBM

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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Authorized Signature

Eric B. Meyertons

Date

4/29/10

Typed or printed name

Registration No: 34,876

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